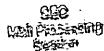
131255Z

FORM D

Washington, D.C. 20549



AUG 0 4 20US

Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	DVAL
OMB Number:	3235-0076
Expires:	
Estimated averag	e burden
hours per respons	e 16.00

SECT	JSE ONLY
Prefix	, Seri al
DATE	RECEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Advanced Equities Investments XVI, LLC/ Offering of Investor Memeber Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08031400
Advanced Equities Investments XVI, LLC	·
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
311 South Wacker Drive Suite 1650 Chicago II 60606	312-377-5300
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
<u>Same</u>	Same
Brief Description of Business	
Investment in securities of privately held technology company.	PROCESSED
Type of Business Organization corporation	olease specify): AUG 0 8 2008 A
business trust limited partnership, to be formed Limited Liab	ility Company THOMSON DELITEDS
Month Year	IUOMONA KEOLEKO
Acteur of Estimated Bare of Meer polation of Organisation [112]	mated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
CN for Canada, FIA for Other foreign Jurisdiction)	de

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Daubenspeck, Keith Business or Residence Address (Number and Street, City, State, Zip Code) 311 South Wacker Drive, Suite 1650, chicago Il 60606 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Badger, Dwight Business or Residence Address (Number and Street, City, State, Zip Code) 311 South Wacker Drive, Suite 1650 Chicago Il 60606 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Advanced Equities, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 311 South Wacker Drive Suite 1650, Chicago IL 60606 Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? (1) The minimum capital confubution is \$105.000, although the managing members may accept contributions in smaller amounts in their scole discretion. Where a member is no minimum. 7 Yes No 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 311 South Wacker Drive Suite 1650 Chicago IL 60606 Name of Associated Broker or Dealer Advanced Equities, Inc. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
2. What is the minimum investment that will be accepted from any individual? (1) The riminum capital confluction is \$105,000, authough the managing members may accept contributions in smaller amounts in their sole discretion. Where a member is investing permant to a capital cadh there is no minimum. 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (3) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 311 South Wacker Drive Suite 1650 Chicago IL 60606 Name of Associated Broker or Dealer Advanced Equitles, Inc. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
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Advanced Equities, Inc. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO OT DE DC FL GA HI ID V. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC MD OH OK OR RA RI SC SD TN TX UT VT VA WA WV WI WY PR
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All AK AZ AR CA CO OT DE DC FL GA HI ID V. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC MD OH OK OR RA RI SC SD TN TX UT VT VA WA WV WI WY PR
(Check "All States" or check individual States) All AK AZ AR CA CO OT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND QH OK OR RA RI SC SD TN TX UT VT VA WA WV WI WY PR
IV. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC NV QH OK OR RA RI SC SD IN IX UT VT VA WA WV WI WY PR
IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND QH OK OR RA RI SC SD IN IX UT VT VA WA WV WI WY PR
RI SC SD TN TX UT VT VA WA WV WI WY PR
Full Name (Last name first if individual)
Tun Name (East name first, it individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA HI ID
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA
RI SC SD TN TX UT VT VA WA WV WI WY PR
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA HI ID
III IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	•		
	Type of Security	Aggregate Offering Price	+	Amount Already Sold
		_		•
	Debt			
	Equity	\$	_	\$
	Common Preferred	•		•
	Convertible Securities (including warrants)	·		
	Partnership Interests			
	Other (Specify Investor Member Interests	\$_412,074.50 412,874.58	_	\$ 407,003.07
	Total	\$ 412,014.30	_	\$ 467,003.67
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	; T		Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors			\$ 487,003.87
	Non-accredited Investors			\$_0.00
	Total (for filings under Rule 504 only)		_	\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities	5		
	sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	n/a	_	<u>\$</u> n/a
	Regulation A	n/a	_	\$_n/a
	Rule 504	n/a	_	_{\$_} n/a
	Total	n/a	_	\$ <u>0</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[\$
	Printing and Engraving Costs	[7	\$ 15,000.00
	Legal Fees		Z	\$ 10,000.00
	Accounting Fees	_		\$
	Engineering Fees		_	\$
	Sales Commissions (specify finders' fees separately)	•	_ 7	\$ 0.00
	Other Expenses (identify)	•	_	\$
	Total		Z	\$_25,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	ring price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		\$387,874.58
5.	Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for archeck the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Par	ly purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[]\$. 🗆 \$
	Purchase of real estate	[]\$. 🗆 \$
	Purchase, rental or leasing and installation of made and equipment	chinery []\$	
	Construction or leasing of plant buildings and fac	ilitics[] \$	\$
	Acquisition of other businesses (including the val offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another	٦\$	□\$
	Repayment of indebtedness	•	_	
	Working capital	-		_
	Other (specify): purchase of investment securit			
	Column Totals		Z \$ 0.00	\$ 487,003.87
	Total Payments Listed (column totals added)			
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commis	sion, upon writte	ale 505, the following the request of its staff
Iss	uer (Print or Type)	Signature	Date	
Ac	vanced Equities Investments XVI, LLC		July 2 2008	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
٩m	al Amin	Secretary of the Managing Member		

(2) Calculated based on the maximum aggregate offering amount.

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
1	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K	(2)

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Advanced Equities Investments XVI, LLC		July 2 2008
Name (Print or Type)	Title (Print or Type)	
Amal Amin	Secretary of the Managing Member	

(2) Not applicable for Rule 506 offerings.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 5 4 2 3 1 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell Type of investor and explanation of to non-accredited offering price waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors No **Investors Amount** Amount State Yes AL ΑK ΑZ AR CA CO 412874.58 0 1 \$12,336.02 \$0.00 × CT DE DC FLGAHI ID X \$0.00 8 \$229,299.01 0 IL 412,874.58 IN IA KS KY LA ME MD MA ΜI MN MS

2 1 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NVNH NJNM NY NC 412,874.58 4 0 ND \$70,768.84 \$0.00 × 412,874.58 1 \$63,600.00 0 \$0.00 X OH OK OR PΑ RI SC SD TN TX UT VT VA WA wvWI

APPENDIX

APPENDIX									
1		2	3	4			5 Disqualification		
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

' ' Y

